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CONFIRMATION NO. 8335

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 09/550,049 | FILING OR 371(c) DATE 04/14/2000 RULE | CLASS 604 | GROUP ART UNIT 3767 | ATTORNEY DOCKET NO. 0100/0091 |
| APPLICANTS David R. MacLean, Chesterfield, NH; <i>One PS</i> | | | | |
| ** CONTINUING DATA ***** <i>None PS</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None PS</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/28/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Philippe</i> Acknowledged <i>PS</i> Examiner's Signature Initials | | STATE OR COUNTRY NH | SHEETS DRAWING 4 | TOTAL CLAIMS 21 |
| INDEPENDENT CLAIMS 4 | | | | |
| ADDRESS 21395 | | | | |
| TITLE Safety device for use with a vial | | | | |
| FILING FEE RECEIVED 786 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |